



BLOOD-BORNE PATHOGENS

GUIDELINES FOR EXPOSURE CONTROL PLAN AND STAFF INSERVICE



Fall 2007

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FOREWORD

In August 2001, a bill (SB 266) relating to occupational exposure to blood-borne pathogens and needlestick injuries became Missouri law. The intent of RSMo 191.640 is to require employers in all public institutions to develop plans to eliminate or minimize occupational exposure to hepatitis B Virus (HBV), human immunodeficiency virus (HIV), and other blood-borne pathogens. This legislation creates an occupational safety and health program for public employees similar to the federal Occupational Safety and Health Administration (OSHA) standards that apply to private entities. Prior to this law, public schools were advised to develop procedures to minimize exposure to blood-borne pathogens similar to the OSHA guidelines that applied only to private institutions. The revision of the federal OSHA guidelines in 2001(29 CFR 1910.1030) set new standards to protect employees from reasonably anticipated occupational exposure. The Missouri law requires that our implementation be consistent with the 2001 OSHA standard. Implementation of this law is assigned to the Missouri Department of Health and Senior Services (DHSS). The requirements in this law do not apply to students, only to employee safety and health.

These guidelines are provided to assist schools and school nurses in complying with this legislation, which includes developing a written plan for exposure control and providing specific training. The purpose of the training for employees is to make all employees aware of the potential risk from exposure to blood or other potentially infectious materials, their personal responsibility to avoid exposure and the methods by which the district exposure control plan will help protect staff.

ROLE OF THE SCHOOL NURSE

For many years, school personnel casually treated skinned knees, cut fingers and nose bleeds. With the advent of human immunodeficiency virus (HIV), it became extremely important to help school staff understand the need to respond to such injuries and illnesses in a way that protects all personnel from exposure to blood-borne pathogens, as well as other potentially infectious material from any source of body substances.

These guidelines are written for the school nurse to assist him/her in providing a safe and appropriate response to injuries, assuring adequate policies and procedures to minimize exposure, and assuring proper follow-up for any employee exposed to blood-borne pathogens in the course of their work in the school setting. The school nurse has a variety of roles in providing effective infection control in the school. These roles may include:

Manager

- participate in development and revision of policies and procedures;
- develop an exposure control plan as required in RSMo 191.640;
- monitor compliance with universal precautions;
- provide documentation regarding inservice, including distribution of exposure control plan;
- arrange hepatitis B vaccination for appropriate staff; and
- schedule inservice programs for staff.

Educator

- provide inservice and updates for school personnel; and
- educate students and staff regarding self-care of injury, when possible, to minimize exposure of others.

Provider

- care for student and staff in the event of an illness/injury;
- provide hepatitis B immunizations to staff;
- secure and distribute first aid and body substance clean-up kits; and develop post-exposure management protocol.

Counselor

- support for individual exposed; and
- support for the person considered the source of infection.

Advocate

- for facilities and supplies that enhance compliance with this statute; and
- for rights of exposed individual and the individual who is the source of the exposure.

Included in these guidelines are a suggested outline for a staff inservice related to blood-borne pathogens and other potentially infectious materials; a model for an exposure control plan; and background material for the school nurse regarding OSHA/DHSS requirements to assist in preparation for the inservice.

SUGGESTED AGENDA FOR STAFF INSERVICE

OSHA and Missouri DHSS Regulations

District Exposure Control Plan

Definitions

Methods to Reduce Exposure

Epidemiology of Certain Infectious Agents

Hepatitis B, C, D,

Human Immunodeficiency Virus

Other Potentially Infectious Body Substances

Universal Precautions

Methods to Prevent or Reduce Exposure

Housekeeping Measures

Personal Protective Equipment

Biohazard Procedures

Hepatitis B Vaccination

District Exposure Control Plan

Handling an Exposure Incident

Questions and Answers

A suggested PowerPoint presentation, with slides following this outline, are available on the School Health Website, titled "Blood-borne Pathogens Presentation." This presentation may be tailored to include district-specific information. The Appendix C contains the background information to support the slides.

EXPOSURE CONTROL PLAN

Purpose

The purpose of the written Exposure Control Plan is to eliminate or minimize employee exposure to blood or other potentially infectious materials (OPIM), i.e., semen, vaginal secretions, cerebrospinal, synovial, pleural, pericardial, and amniotic fluids, or other body fluid contaminated with blood. The plan identifies tasks and occurrences common in the school setting where occupational exposure can be reasonably anticipated and the employees who are responsible for providing them. It includes the methods of compliance that should be implemented in order to significantly reduce the risk of employee contact with blood-borne pathogens and to be in compliance with the recommended guidelines. The model plan provides space to identify the person/position responsible for various aspects of the district plan, and how to contact those persons. The model includes the required elements of a plan, and it may be personalized to the district by attaching or inserting district-specific information.

MODEL EXPOSURE CONTROL PLAN

POLICY

The _____ District is committed to providing a safe and healthful environment for all staff. The following exposure control plan is designed to eliminate or minimize occupational exposure to blood-borne pathogens and other potentially infectious materials in the school setting. All employees must comply with this exposure control plan developed in response to RSMo 191.640.

ADMINISTRATION

_____ is responsible for the implementation of this Exposure Control Plan (ECP). _____ is responsible to maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact location/phone number:_____

Any school employee who is determined to have occupational exposure to blood-borne pathogens or other potentially infectious agents must comply with the procedures in this ECP.

_____ will maintain, and provide all necessary personal protective equipment (PPE), engineering controls, and waste disposal as required in this ECP. _____ is responsible for assuring that adequate supplies of PPE are available in appropriate sizes and amounts. Contact location/phone number:_____.

_____ is responsible for ensuring that medical procedures required are performed, and that appropriate employee health and occupational safety and health compliance records are maintained. Contact location/phone number:
_____.

_____ is responsible for staff training regarding infection control in the school setting, and for making copies of the written ECP available for employees upon request.

OCCUPATIONAL EXPOSURE DETERMINATION

This is a list of job classifications in which employees in this district have been determined to have an occupational exposure. The list includes tasks and procedures that put the employee at risk (**list may be modified for district as appropriate**):

EMPLOYEE	TASK/PROCEDURE
School nurse	care of illness/injury, special care procedures including injections, suctioning, tube feedings, toileting, ostomy care, emesis clean up, care of non-intact skin and mucous membranes
Teacher or teacher aide	care of illness/injury, care of students with emotional, mental or physical handicaps, special care procedures, diapering/toileting
Speech therapists/teachers	biting incidents
Physical and Occupational therapists	tooth brushing, cleaning mouth and nose secretions, emesis clean up
Secretarial Staff	care of illness/injury
Coaches and Physical Education	care of illness/injury
Playground monitors	care of illness/injury
Bus drivers	care of illness/injury
Custodial/housekeeping staff	handling regulated waste
	cleaning of facility
School administrators	combative behavior
	biting incidents
	care of illness/injury

Any person, full-time, part-time, contract, or volunteer whose job description includes providing first aid for illness and injury is covered under this law, and this exposure control plan.

IMPLEMENTATION

1. Universal Precautions

All employees will use universal precautions.

2. Handwashing and Handwashing Facilities

All employees are expected to use proper handwashing techniques. Frequent, adequate handwashing is the most important strategy for preventing the transmission of disease. Employees will be instructed in proper handwashing to include how, when, and use of substitutes if handwashing facilities are not immediately available.

Handwashing facilities must be readily available in classrooms where the exposure risk is expected. Alcohol-based hand sanitizers may be used when soap and water are not available, and employees instructed to properly wash hands as soon as possible.

3. Exposure Control Plan

Employees covered by this plan will receive an inservice when initially employed. The ECP will be reviewed annually at a required inservice. All employees will be able to review this plan at any time by contacting _____. If requested, a copy of the written plan will be provided free, and within 15 days.

_____ will be responsible for at least an annual review of the ECP, or more frequently if needed, to update tasks and procedures which impact occupational exposure and to reflect any new positions with occupational exposure.

4. Engineering Controls and Work Practices

Sharps containers are inspected, maintained or replaced by _____ every _____ or whenever necessary to prevent overfilling.

The following staff will be involved in identifying needed changes in engineering controls and work practices, and in evaluating new procedures or products to ensure effective implementation of this ECP:

5. Personal Protective Equipment (PPE)

Personal Protective Equipment is provided at no cost to employees. Training in the use of PPE for tasks or procedures will be provided by: _____
The following types of PPE are available to employees:

The PPE may be obtained through _____

All employees using PPE must observe the following:

- wear appropriate gloves when it can be reasonably anticipated there may be contact with blood or other infectious material, and when handling or touching contaminated surfaces;
- wash hands immediately or as soon as possible after removal of gloves or other PPE;
- remove PPE after it becomes contaminated, but before leaving work area;
- dispose of PPE in the appropriate containers (laundry, sharps disposal, waste containers);
- replace gloves if their ability to function as a barrier is compromised;

- never wash or decontaminate disposable gloves for reuse;
- if using utility gloves, they may be decontaminated if not cracked, peeling, torn, punctured or deteriorated in some manner;
- wear appropriate face and eye protection when indicated; and
- immediately remove any garment contaminated by blood or other infectious material in a way that avoids contact with the outer surface.

The procedures for handling used PPE are as follows (how and where to decontaminate equipment, container for disposable, contaminated PPE):

(insert district procedures for PPE use)

6. Housekeeping

- Regulated waste is placed in containers which can be closed, constructed to contain all contents without leakage, appropriately labeled or color-coded, and closed prior to removal to prevent spillage or protrusion of contents when handled.
- Contaminated sharps are discarded immediately, or as soon as possible in containers that can be closed, puncture-resistant, leak-proof on sides and bottoms, and labeled or color-coded appropriately.
- Waste containers, including washbasins and emesis basins, are cleaned and decontaminated as soon as possible after contamination.
- Broken glassware is picked up by mechanical means, such as a brush and dustpan.
- Contaminated laundry will be handled by _____
- Contaminated laundry will be handled as little as possible. If wet, it will be placed in a leak-proof, labeled, and color-coded container when transporting. Employees will wear appropriate PPE when handling or sorting contaminated laundry.

7. Labeling Biohazard Materials

_____ will be responsible for ensuring warning labels are attached, or red biohazard disposal bags are used for appropriate handling of regulated waste or contaminated equipment.

8. Hepatitis B Vaccination

- _____ will be responsible for educating employees regarding hepatitis B vaccination, including the safety, benefit, efficacy, method of administration, and availability to employee.
- The hepatitis B vaccination is made available at no cost after staff education, and within 10 days of work assignment, to any employee identified as having occupational exposure.
- Vaccination is strongly encouraged unless 1) employee has already received complete series, 2) antibody testing shows employee is immune, or 3) medical evaluation shows that vaccination is contraindicated.

- d) Employees may decline vaccination, but they must sign a form declining vaccination. They may receive the vaccine at no cost at a later date, if requested. _____ is responsible for keeping required records related to hepatitis B vaccination.
- e) _____ will document whether the employee is at risk, and if they received the vaccine.
- f) Vaccination will be provided by _____ at _____.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

1. When an exposure incident occurs, contact _____ at _____.

2. An immediately available confidential medical evaluation of the incident will be provided by _____.

Following the immediate first aid, the Exposure Control Officer will:

- Document the route of exposure and how exposure occurred;
- Identify and document the individual who was the source of the exposure;
- Obtain consent and make arrangements for testing of individual that is the source of the exposure to determine infectivity of HBV, HCV, and HIV, and document that the individual’s test results were conveyed to employee’s health care provider. If the individual that is the source of the exposure is already known to be infected, no new testing is required;
- Assure that the exposed employee is provided with the information regarding that individual’s infectious status, observing any applicable laws regarding confidentiality, disclosure and regulations concerning identification of the individual that is the source of the exposure;
- Obtain consent and make arrangements for collecting and testing employee’s blood, including HBV, HCV and HIV serological status as soon as possible; and
- If the employee does not give consent for HIV testing when collecting the baseline sample, the sample must be kept for 90 days in the event the employee elects to have the blood tested for HIV.

ADMINISTRATION OF FOLLOW-UP OF EXPOSURE INCIDENT

1. _____ will ensure that the health care provider responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of DHSS/OSHA blood-borne pathogen standard.
2. _____ will ensure that the health care professional evaluating the exposure incident receives the following information:
 - description of employee's job duties relevant to the exposure incident;
 - route(s) of exposure;
 - circumstances of exposure;
 - if available, results of testing the blood from the individual who was the source of the exposure; and
 - relevant employee medical records, including vaccination status.
3. _____ will provide the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

EVALUATION OF CIRCUMSTANCES CONTRIBUTING TO EXPOSURE INCIDENT

_____ will review the circumstances of each exposure incident to determine:

- any engineering controls in use at the time;
- work practices followed;
- description of equipment being used;
- any PPE in use at the time of the incident;
- location of the incident;
- procedure being performed when the incident occurred; and
- employee's training regarding exposure control.

EMPLOYEE TRAINING

1. All employees who have occupational exposure to blood-borne pathogens will receive inservice education conducted by _____ (Attach a brief description of the educator's qualifications).
2. All employees who have occupational exposure to blood-borne pathogens will receive an educational program to include:
 - a) Epidemiology, symptoms and transmission of blood-borne pathogen diseases;
 - b) A copy and explanation of the blood-borne pathogen standard (Appendix A);
 - c) An explanation of the district's ECP, and how to obtain a copy;
 - d) Explanation of tasks and activities that may lead to exposure to blood or other potentially infectious material, and what constitutes an exposure incident;

- e) An explanation of the use and limitations of engineering controls, work practices, and use of PPE;
- f) An explanation of the types of PPE, use, location, removal, handling and decontamination procedures;
- g) An explanation how PPE were selected;
- h) Information on HBV vaccine, including efficacy, safety, method of administration, benefits of vaccination, and that vaccine is provided at no cost;
- i) Information on appropriate actions to take, and persons to contact in an emergency involving blood or other infectious material;
- j) Explanation of the procedure to follow if an exposure incident occurs, including how to report and medical follow-up that will be available;
- k) Information regarding the post-exposure evaluation that the employer is required to provide;
- l) Explanation of the signs and labels and/or color coding required by the DHSS/OSHA standard and used at this facility; and
- m) An opportunity for questions and answers with the person providing the inservice.

Training materials for the district are available at: _____.

REQUIRED RECORDS

1. Inservice Records

Inservice records are completed for each employee upon conclusion of an educational offering. These documents will be kept for at least three years at

_____.

Inservice records will include:

- dates of the inservice sessions;
- content or summary of inservice;
- names and qualifications of persons providing the inservice; and
- names and job titles of all persons attending the inservice.

Employee inservice records are provided upon request to the employee or the employee's authorized representative within 15 working days. Requests should be directed to:

_____.

2. Medical Records

Medical records are maintained for each employee with occupational exposure, in accordance with 29 CFR 1910.1030, "Access to Employee Exposure and Medical Records."

_____ is responsible for maintenance of the required records. These confidential records are kept at _____ for at least the duration of employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone with written consent of the employee within 15 working days. Such requests should be directed to _____.

3. DHSS/OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets DHSS/OSHA Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by _____.

Appendix A

STATUTE REGARDING BLOOD-BORNE PATHOGENS

Chapter 191, Health and Welfare

Section 191.640

1. 191.640. 1 As used in this section, the following terms shall mean:
 - 1) “blood-borne pathogens,” any pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to hepatitis B virus (HBV) and human immunodeficiency virus (HIV);
 - 2) “employer,” any employer having public employees with occupational exposure to blood or other material potentially containing blood-borne pathogens;
 - 3) “frontline health care worker,” a non-managerial employee responsible for direct patient care with potential occupational exposure to sharps-related injuries;
 - 4) “public employee,” an employee of the state or local governmental unit, or agency thereof, employed in a health care facility, home health care organization or other facility providing health care related services.
2. The Department of Health and Senior Services shall, no later than six months from August 28, 2001, adopt a blood-borne pathogen standard governing occupational exposure of public employees to blood or other potentially infectious materials that meets the standard in 29 CFR 1910.1030 and shall include a requirement that the most effective available needleless systems and sharps with engineered sharps injury protection be included as engineering and work practice controls. However, such engineering controls shall not be required if:
 - 1) None are available in the marketplace; or
 - 2) An evaluation committee, described in subsection 5 of this section, determines by means of objective product evaluation that use of such devices will jeopardize patient or employee safety with regard to a specific medical procedure.
3. The use of a drug or biologic that is prepackaged with an administration system or used in a pre-filled syringe and is approved for commercial distribution or investigational use by the federal Food and Drug Administration shall be exempt from the provisions of this section until June 1, 2004.
4. The sharps injury log maintained pursuant to this section shall include:
 - 1) The date and time of the exposure incident;
 - 2) The type and brand of sharp involved in the exposure incident;
 - 3) A description of the exposure incident to include:
 - a. job classification of the exposed employee;
 - b. department or work area where the exposure incident occurred;
 - c. number of hours worked at the time of the exposure incident;
 - d. procedure that the exposed employee was performing at the time of the incident;
 - e. how the incident occurred;
 - f. body part involved in the exposure incident; and

- g. if the sharp had engineered sharps injury protection, whether the protective mechanism was activated, and whether the injury occurred before the protective mechanism was activated, during activation of the mechanism or after the activation of the mechanism.
5. An evaluation committee established pursuant to this section shall consist of at least five members but not more than ten members. At least half of the members of the committee shall be frontline health care workers at such facility from a variety of occupational classifications and departments, including but not limited to nurses, nurse aides, technicians, phlebotomists and physicians, who shall be selected by the facility to advise the employer on the implementation of the requirements of this section. In facilities where there are one or more representatives certified by the board of mediation to represent frontline health care workers at such facility, the facility shall consult with such representatives as to the composition and membership of the committee. All members of the committee shall be trained in the proper method of utilizing product evaluation criteria prior to the commencement of any product evaluation. Committee members shall serve two-year terms, with the initial terms beginning every two years thereafter. Vacancies on the committee shall be filled for the remainder of the term of the facility in the same manner as was used to appoint the vacating member. Members may serve consecutive terms. Members shall not be given additional compensation for their duties on such a committee.
6. Any reference in 29 CFR 1910.1030 to the assistant secretary shall, for purposes of this section, mean the director of the Department of Health and Senior Services.
7. Any person may report a suspected violation of this section or 29 CFR 1910.1030 to the Department of Health and Senior Services. If such a report involves a private employee, the department shall notify the federal Occupational Safety and Health Administration of the alleged violation.
8. The Department of Health and Senior Services shall compile and maintain a list of needleless systems and sharps with engineered sharps protection which shall be available to assist employers in complying with the requirements of the blood-borne pathogen standard adopted pursuant to this section. The list may be developed from existing sources of information, including but not limited to the federal Food and Drug Administration, the federal Centers for Disease Control and Prevention, the National Institute of Occupational Safety and Health and the United States Department of Veteran Affairs.
9. By February 1 of each year, the Department of Health and Senior Services shall issue an annual report to the governor, state auditor, president pro tem of the senate, speaker of the house of representatives, and the technical advisory committee on the quality of patient care and nursing practices on the use of needle safety technology as a means of reducing needlestick injuries. By February 15 of each year, such a report shall be made available to the public on the Department of Health and Senior Services' Internet site.
10. Any employer who violates the provision of this section shall be subject to a reduction in or loss of state funding as a result of these violations.

Appendix B

19 CSR 20-20.092 Blood-borne Pathogen Standard Required for Occupational Exposure of Public Employees to Blood or Other Infectious Materials

PURPOSE: This rule establishes standards for protection of public employees from occupational exposure to blood-borne pathogens in the workplace.

- (1) The blood-borne pathogen standard governing public employers in the state of Missouri having employees with occupational exposure to blood or other potentially infectious materials shall be the standard of the Occupational Safety and Health Administration as codified in 29 CFR 1910.1030. The Occupational Safety and Health Administration standard as codified in 29 CFR 1910.1030 is incorporated herein by reference.
- (2) As part of the Occupational Safety and Health Administration blood-borne pathogen standard codified in 29 CFR 1910.1030, each public employer having employees with occupational exposure is required to establish a written Exposure Control Plan. Such plan shall include a requirement that the most effective available needleless systems and sharps with engineered sharps injury protection be included as engineering and work practice controls. However, such engineering controls shall not be required if: (A) none are available in the marketplace; or (B) an evaluation committee, as described in section 191.640.5, RSMO determines by means of objective product evaluation criteria that use of such devices will jeopardize patient or employee safety with regard to a specific medical procedure.

AUTHORITY: sections 191.640, RSMo Supp. 2002 and 192.006, RSMo 2000.*
Original rule filed March 14, 2003, effective Sept. 30, 2003.

*Original authority: 191.640, RSMo 2001; 192.006, RSMO 1993, amended 1995.

For a copy of the revised Occupational Safety and Health Administration Blood-borne Pathogen Standard, see <http://www.osha.gov/needlesticks/needlefact.html>

Appendix C

Background Information for Inservice

Objectives:

The participant will be provided with information to:

- Describe the effects of blood-borne pathogens on the body systems;
- Describe the modes of transmission of various blood-borne pathogens;
- Demonstrate the principles of universal precautions in handling body fluids;
- List the personal protective equipment needed for types of exposure; and
- Describe the appropriate action in the event of an exposure incident.

I. EXPOSURE CONTROL PLAN GUIDELINES (from OSHA Standard)

Each public employer having employees with occupational exposure as defined in these guidelines shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure.

The Exposure Control Plan contains the following elements:

1. Exposure determination;
2. Method of compliance;
3. Procedure for evaluating exposure incidents;
4. Training and distribution of Exposure Control Plan to all employees; and
5. Annual review of exposure plan to include:
 - new or modified tasks and procedures;
 - new or revised employee positions with occupational exposure;
 - changes in technology that eliminate or reduce exposure;
 - annual consideration and implementation of appropriate commercially available, and effective safer medical devices designed to eliminate or minimize exposure; and
 - opportunity for non-managerial employees responsible for direct health care who are potentially exposed to injuries from contaminated sharps to provide input in the identification, evaluation, and selection of effective engineering and work practice controls.

A. Exposure Determination

Occupational exposure is defined as “reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials during performance of an employee’s duties.” The exposure

determination should be made without regard to the use of personal protective equipment by an employee.

The employer is charged with the responsibility of determining which employees, by virtue of their job classification, are at risk of occupational exposure to blood or bloody body fluids. Examples of these job classifications are listed below for consideration in the school district plan. Additionally, there are job classifications where some of the employees in a job classification have occupational exposure because of their assigned duties where others may not.

Examples of Job Classifications:

1. School Nurses
2. Health Room Aides
3. Designated CPR and First Aid Responders, including secretarial staff
4. Special Education Teachers of Children who are developmentally delayed
5. Teacher Aides working with children who are developmentally delayed
6. Speech Therapist, Occupational Therapist, or Physical Therapist working with children who are developmentally delayed
7. Bus Drivers for Special Education

B. Methods of Compliance

General

Universal Precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

1. Engineering and Work Practice Controls

- a) Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.
- b) Engineering controls shall be examined and maintained or replaced on a regular schedule to maintain their effectiveness.
- c) Employers shall provide handwashing facilities that are readily accessible to employees.
- d) When provision of handwashing facilities is not feasible, the employer shall provide either an appropriate alcohol-based hand sanitizer in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

- e) Employers shall ensure that employees wash their hands immediately or as soon as feasible, after removal of gloves or other personal protective equipment.
- f) Employers shall ensure that employees wash hands and any other skin with soap and water; or flush mucous membranes with water immediately, or as soon as feasible, following contact of such body areas with blood or other potentially infectious materials.
- g) Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed. Shearing or breaking of contaminated needles is prohibited.
- h) Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed unless the employer can demonstrate that no alternative is feasible, or is required by a specific medical procedure. Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.
- i) Immediately, or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers must be able to be closed and shall be:
 - puncture-resistant;
 - leak-proof on sides and bottoms, and;
 - labeled to contain bio-hazardous materials.
- j) Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is reasonable likelihood of occupational exposure.
- k) Food and drink shall not be kept in refrigerators, freezers, on shelves, in cabinets, or on countertops or bench tops where blood or other potentially infectious materials are present.
- l) All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering and generation of droplets of these substances.

2. Personal Protective Equipment

- a) Provision
When there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, face shields or masks for eye protection, mouthpieces, resuscitation bags, pocket masks, or other

ventilation devices. Personal protective equipment will be considered “appropriate” only if it does not permit blood or other potentially infectious materials to pass through or to reach the employee’s work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

b) Use

The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declines to use personal protective equipment when, under rare and extraordinary circumstances, it is the employee’s personal judgement that in the specific instance its use would prevent the delivery of health care or public safety services or would pose an increased hazard to the safety of the worker or co-worker. When the employee makes this judgement, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrence in the future.

c) Accessibility

The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided (latex allergy).

d) Cleaning, Laundering and Disposal

The employer shall clean, launder, or dispose of personal protective equipment at no cost to the employee.

e) Repair and Replacement

- the employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee;
- if a garment is penetrated by blood or other potentially infectious materials, the garment shall be removed immediately or as soon as feasible;
- all personal protective equipment shall be removed prior to leaving the work area; and
- when personal protective equipment is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

3. Gloves

- a) Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; and when handling or touching contaminated items or surfaces.
- b) Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
- c) Disposable (single use) gloves shall not be washed or decontaminated for re-use.
- d) Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured or exhibit other signs of deterioration, or when their ability to function as a barrier is compromised.

4. Housekeeping

General

Employers shall ensure that the worksite is maintained in a clean and sanitary condition. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soiling present, and tasks or procedures being performed in the area.

- a) All equipment, environmental and work surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
- b) Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures, immediately or as soon as feasible, when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have been contaminated since the last cleaning.
- c) Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.
- d) All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and

decontaminated immediately or as soon as feasible upon visible contamination.

- e) Broken glassware, which may be contaminated, shall not be picked up directly with the hands. It shall be cleaned up using mechanical means such as a brush and dustpan, tongs, or forceps
- f) Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers in which these sharps have been placed.

5. Regulated Waste

- a) Contaminated sharps shall be discarded immediately or as soon as feasible in a closed container that is:
 - puncture-resistant;
 - leak-proof on sides and bottom; and
 - labeled with a fluorescent orange or red biohazard label. Red bags or containers may be substituted for labels.
- b) During use, containers for sharps shall be:
 - easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found;
 - maintained upright throughout use; and
 - replaced routinely and not allowed to overflow.
- c) When moving containers of contaminated sharps from the area of use, the containers shall be:
 - closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during the handling, storage, transport, or shipping;
 - placed in a secondary container if leakage is possible. The secondary container shall be:
 - able to be closed;
 - constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
 - labeled with a fluorescent orange or red biohazard label. Red bags or containers may be substituted for labels.
- d) Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of needlestick injury.

6. Disposal of other regulated contaminated waste

- a) Regulated waste shall be placed in containers which are:
 - able to be closed;
 - constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping;

- labeled with a fluorescent orange or red biohazard label. Red bags or containers may be substituted for labels; and
 - closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.
- b) If outside contamination of a regulated waste container occurs, it shall be placed in a second container. The second container shall meet the same criteria as in the previous section.
 - c) Disposal of all regulated waste shall be in accordance with applicable local and state regulations.

C. Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up

1. Employer Responsibility

- a) The employer shall make available, at no cost, the hepatitis B vaccine and vaccination series to all employees who have an expected risk of occupational exposure, and post-exposure evaluation and follow-up for all employees who have had an exposure incident.
- b) The employer shall ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure follow-up, including prophylaxis, are:
 - available at no cost to the employee;
 - available to the employee at a reasonable time and place;
 - performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and
 - provided according to recommendations of the Missouri Department of Health and Senior Services, Division of Environmental Health and Communicable Disease Control.
- c) The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

2. Hepatitis B Vaccination

- a) Hepatitis B vaccination shall be made available after the employer has received the specific training, and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed the employee is immune, or the vaccine is contraindicated for medical reasons.
- b) The employee shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.
- c) If the employee initially declines hepatitis B vaccination, but at a later date while still covered under the district policy, decides to accept the vaccination, the employee shall make available hepatitis B vaccination at that time.

- d) The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign a statement declining vaccine (see sample forms).
- e) If a routine booster dose(s) of hepatitis B vaccine is recommended by the Missouri Department of Health and Senior Services at a future date, such booster doses shall be made available.

3. Post-exposure Evaluation and Follow-up

Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

- a) Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
- b) Identification and documentation of the individual who is the source of the exposure, unless the employer can establish that identification is not feasible or prohibited by state or local law;
- c) Testing the blood of the individual who is the source of the exposure shall be done as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the individual's consent is not required by law, the blood of the individual that is the source of the exposure, if available, shall be tested and the results documented.
- d) When the individual who is the source of the exposure is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated; and
- e) Results of the testing of the individual who is the source of the exposure shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of that individual.
- f) Collection and testing of blood for HBV and HIV serological status:
 - the exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained;
 - if the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.
- g) Post-exposure prophylaxis, when medically indicated, as recommended by the US Public Health Service and the Missouri Department of Health and Senior Services;

- h) Counseling; and
- i) Evaluation of reported illnesses.

4. Information Provided to the Healthcare Professional

- a) The employer shall ensure that the healthcare professional responsible for the employee's hepatitis B vaccination be provided a copy of this policy.
- b) The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:
 - a copy of this policy;
 - a description of the employee's duties as they relate to the exposure incident;
 - documentation of the route(s) of exposure and circumstances under which exposure occurred;
 - results of the blood testing of the individual that is source of the exposure, if available; and
 - all medical records relevant to the appropriate treatment of the employee, including vaccination status, are the employer's responsibility to maintain.

5. Healthcare Professional's Written Opinion

The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

- a) The healthcare professional's written opinion for hepatitis B vaccination shall be limited to whether hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination;
- b) The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
 - that the employee has been informed of the results of the evaluation; and
 - that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
- c) All other findings or diagnoses shall remain confidential and shall not be included in the written report.

6. Communication of Hazards to Employees

Labels:

- warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials; and other containers used to store, transport or ship blood or other potentially infectious materials;
- labels shall include the biohazard legend symbol;
- labels shall be fluorescent orange or orange-red or predominantly so, with letters and symbols in a contrasting color;
- labels shall be affixed as close as feasible to the container by wire, adhesive or other method that prevents their loss or unintentional removal;
- red bags or red containers may be substituted for labels;
- individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement;
- labels required for contaminated equipment shall also state which portions of the equipment remain contaminated; and
- regulated waste that has been decontaminated need not be labeled or color-coded.

D. Information and Training

1. Employers shall ensure that all employees with occupational exposure participate in a training program that must be provided at no cost to the employee and during working hours. Training shall be provided as follows:
 - at the time of initial assignment to tasks where occupational exposure takes place;
 - annual training for all employees shall be provided within one year of their previous training;
 - employers shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created; and
 - material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.
2. The training program shall contain at a minimum, the following elements:
 - a general explanation of the epidemiology and symptoms of blood-borne diseases;
 - an explanation of the modes of transmission of blood-borne pathogens;
 - an explanation of this exposure control plan, and the means by which an employee can obtain a written copy of this plan;
 - an explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;

- an explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;
 - information on the types, proper use, location, removal handling, decontamination and disposal of personal protective equipment;
 - an explanation of the basis for selection of personal protective equipment;
 - information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
 - information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
 - an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;
 - information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
 - an explanation of the labels used to designate potentially infectious materials and;
 - an opportunity for interactive questions and answers with the person conducting the training session.
3. The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.
 4. Training records shall include the following information:
 - date(s) of the training session(s);
 - contents or summary of the training sessions;
 - names and qualifications of persons conducting the training and names and job titles of all persons attending the training sessions;
 - training records shall be maintained for three years from the date on which the training occurred;
 - employee training records shall be provided upon request for examination and copying to employees, employee representatives and the Missouri Department of Health and Senior Services; and
 - employee medical records relevant to this policy shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, and to the Missouri Department of Health and Senior Services.

E. Required Records

1. Medical Records

The employer shall establish and maintain an accurate record for each employee with occupational exposure. This record shall include:

- name and social security number (or other identifier) of the employee;
- a copy of the employee's hepatitis B vaccination status including the dates of all hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination;
- a copy of all results of examinations, medical testing and follow-up procedures;
- the employer's copy of the healthcare professional's written opinion;
- a copy of the information provided to the healthcare professional; and
- training records (see sample forms).

2. Confidentiality

The employer shall assure that employee medical records are:

- kept confidential;
- not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as may be required by law; and
- the employer shall maintain the required records for least the duration of employment plus 30 years.

F. Sharps Injury Log

The employer shall establish and maintain a sharps injury log for the recording of percutaneous (needlestick) injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log shall contain, at a minimum:

- date and time of the exposure incident;
- type and brand of device involved in the incident; and
- description of the exposure incident to include:
 - the job classification of the exposed employee;
 - the department or work area where the incident occurred;
 - the number of hours worked at the time of the exposure incident;
 - the procedure that the exposed employee was performing at the time of the incident;
 - how the incident occurred;
 - the body part involved in the exposure incident; and
 - if the sharp had engineered sharps injury protection, whether the protective mechanism was activated, and whether the injury occurred before the protective mechanism was activated, during the activation of the mechanism or after activation.

GLOSSARY

Blood means human blood, human blood components and products made from human blood.

Blood-borne pathogens mean pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated laundry means laundry that has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated sharps mean any contaminated object that can penetrate the skin, including but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontaminated means the use of physical or chemical means to remove, inactivate or destroy blood-borne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

Engineering controls means controls, e.g., sharps disposal containers, self-sheathing needles, needleless systems, that isolate or remove the blood-borne pathogens hazard from the work place.

Exposure incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Handwashing facilities mean a facility providing an adequate supply of potable water, soap and single-use towels or hot air drying machine.

HBV means Hepatitis B virus.

HIV means human immunodeficiency virus.

Occupational exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other identifier means an unique number, such as MO driver's license number, may be used when an individual would prefer not to use their Social Security Number (SSN).

Other potentially infectious materials means The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;

Any unfixed tissue or organ (other than intact skin) from a human, living or dead; and HIV-containing cell or tissue cultures, organ cultures, and HIV- or HIV containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.

Percutaneous means “passed through the skin”.

Personal protective equipment (PPE) is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes, e.g., uniforms, pants, shirts or blouses, not intended to function as protection against a hazard are not considered to be personal protective equipment.

Regulated waste means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Source of exposure means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include but are not limited to hospital and clinic patients, clients in institutions for the developmentally disabled, trauma victims, clients of drug and alcohol treatment facilities; residents of hospices and nursing homes, human remains; and individuals who donate or sell blood or blood components.

Sterilize means the use of a physical or chemical procedure to destroy all microbial life, including highly resistant bacterial endospores.

Universal pre cautions is an approach to infection control. This approach includes precautions that are universal for all individuals who may be exposed to blood-borne pathogens. It primarily means that you treat all blood, bloody body fluids and other potentially infectious materials as though they are infectious.

Work practice controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed, e.g., prohibiting recapping of needles by a two-handed technique.

RESOURCES

The following videos are available in the Department of Health and Senior Services, Audiovisual Unit, for free loan: www.dhss.mo.gov, click on Topics A-Z, select Audio Visual, select catalog, and look for titles, alphabetically. A request form for audiovisuals is also available on that page.

First Aid for Schools: Initial Response

Accidents can happen anywhere, anytime, even at school. It's critical to know how to care for an injured student in those first few moments after an accident occurs, before help arrives. Includes basic first aid procedures and standard (universal) precautions (includes handbook).

Adult 19 minutes

Blood-borne Pathogens in Schools: The Human Side

Real-life stories highlight the potential dangers of blood-borne diseases in the educational environment. Helps to educate teachers, bus drivers, custodial staff and physical education staff on the standard (universal) precautions that could save their lives. Can be used for initial or refresher training (includes handbook).

Adult 22 minutes

Blood-borne Pathogens: A lesson to live by

This video takes you to a staff meeting where educators are discussing the return of a student with AIDS. Concerns and fears are tackled along with thorough instructions for handling blood in and around the school setting. Tips for sensible precautions are covered, along with blood-borne diseases, myths, risk of transmission and coping skills for students (includes handbook).

Adult 17 minutes

Blood-borne Pathogens for School Bus Drivers: The Route to Safety

It's important to protect students while transporting them to and from school. This video will help ensure that bus drivers understand standard (universal) precautions that can prevent the spread of blood-borne diseases. Includes information on blood-borne diseases in transportation settings, transmission and prevention, and personal protective equipment.

Adult 20 minutes

Blood-borne Pathogens: Protection in Educational Environments

This program details the OSHA Blood-borne Pathogens Standard (CFR 1910.1030) and the training specifically mandated for educators. Includes exposure control plans, work practice controls and standard (universal) precautions (includes handbook).

Adults 20 minutes

Blood-borne Pathogens in Schools: A refresher course

This video highlights the latest AIDS, Hepatitis B and Hepatitis C concerns and is an effective refresher course for school employees. Covers transmission of blood-borne pathogens, reducing risks and exposure control plans.

Adults 10 minutes

Videos are loaned free of charge, with recipient paying return postage. Please use the DHSS request form to obtain the videos.

FORMS

School District Training Record: Blood-borne Pathogens
Participants (district training)
Blood-borne Pathogens Individual Training Documentation Form
Employees at Risk Offered Hepatitis B Vaccination
Employee Hepatitis B Vaccination Consent Form
Hepatitis B Vaccination Record (on site vaccination)
Employee Hepatitis B Vaccine Refusal
Statement: Previous Hepatitis B Vaccination
Sharps Injury Log
Exposure Incident Report
Consent for Release of Medical Information
Consent for Blood Testing Source of Exposure
Refusal for Blood Testing Source of Exposure
Healthcare Professional's Written Opinion for Post-Exposure Evaluation and Follow-Up
Exposure Control Plan Inservice Post-test
Post-test Answer Key

School District Training Record: Blood-borne Pathogens

School Site _____ Date _____

Instructor _____ Title _____ (attach copy of qualifications)

The information covered in this training included:

- ✓ Explanation of the law and its contents.
- ✓ General explanation of epidemiology, symptoms and modes of transmission of blood-borne pathogens.
- ✓ Explanation of district's Exposure Control Plan, and how to obtain copy.
- ✓ Identification of employees/job classifications considered at risk of exposure.
- ✓ Explanation regarding use and limitations of methods to prevent or reduce exposure, including universal precautions, engineering controls, work practices and personal protective equipment (PPE).
- ✓ Explanation regarding selection of PPE (primarily gloves), location use, and handling.
- ✓ Information about HBV vaccine, including efficacy, safety, methods, benefits of being vaccinated, and availability free of charge to identified individuals.
- ✓ Information regarding appropriate actions to take, and individuals to be notified in the event of an exposure.
- ✓ Explanation of procedures to follow if exposure incident occurs, method of reporting and evaluation and medical follow-up that will be required, at no cost to employee.
- ✓ Explanation of the designated signs and labels required to identify and dispose of contaminated items.
- ✓ Information regarding access to training records by Missouri DHSS officials upon request.
- ✓ Information that annual refresher course regarding blood-borne pathogens is required.

(list of participants on reverse side)

PARTICIPANTS

#	Name	Job Title	School work site
1			
2			
3			
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**BLOOD-BORNE PATHOGENS INDIVIDUAL TRAINING DOCUMENTATION
FORM**

I have received training on blood-borne pathogens and the district Exposure Control Plan, and have been offered hepatitis B vaccine. I understand that the training and vaccine are provided to me at no cost due to my position and its potential exposure to human blood and other potentially infectious material. This training took place during work hours.

The information and training program was conducted by (presenter) who answered all questions asked during the discussion period. Topics covered included:

- ✓ Explanation of the law and its contents.
- ✓ General explanation of epidemiology, symptoms and modes of transmission of blood-borne pathogens.
- ✓ Explanation of district's Exposure Control Plan, and how to obtain copy.
- ✓ Identification of employees/job classifications considered at risk of exposure.
- ✓ Explanation regarding use and limitations of methods to prevent or reduce exposure, including universal precautions, engineering controls, work practices and personal protective equipment (PPE).
- ✓ Explanation regarding selection of PPE (primarily gloves), location use and handling.
- ✓ Information about HBV vaccine, including efficacy, safety, methods, benefits of being vaccinated, and availability free of charge to identified individuals.
- ✓ Information regarding appropriate actions to take, and individuals to be notified in the event of an exposure.
- ✓ Explanation of procedures to follow if exposure incident occurs, method of reporting and evaluation and medical follow-up that will be required, at no cost to employee.
- ✓ Explanation of the designated signs and labels required for identification and disposal of contaminated items.
- ✓ Information regarding access to training records by Missouri DHSS officials upon request.
- ✓ Information that annual refresher course regarding blood-borne pathogens is required.

I understand that my medical records are kept confidential, and that these training records may be made available to Department of Health and Senior Services personnel upon their request.

Employee Signature _____ Date _____

Employee Name (Please print) _____

Instructor # 1 _____ Title _____

Instructor # 2 _____ Title _____

HEPATITIS B VACCINATION RECORD (on site vaccination)

Employee Name _____ SSN (or other identifier) _____

Hepatitis B Vaccination

	Dose #1	Dose #2	Dose #3
Date			
Signature			
Lot #			

OR

Documentation of Previous Vaccination (attached) Date series completed _____
Results of Antibody Testing (attached) Date of testing _____
Documentation of Medical Contraindication (attached) Date submitted _____
Consent form for HBV Vaccination (signed and attached) Date submitted _____

EMPLOYEE HEPATITIS B VACCINE REFUSAL

I understand that due to my occupational exposure to blood or other potentially infectious material, I may be at risk of acquiring hepatitis B (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no cost to myself.

However, I decline hepatitis B vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious liver disease. If, in the future, I continue to have occupational exposure to blood or potentially infectious materials, and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccine series at no cost to me.

Employee Signature

Social Security Number
(or other identifier)

Employee Name (please print)

Date

EXPOSURE INCIDENT REPORT

Employee Name _____ SSN (or other identifier) _____

Job Title _____ School work site _____

Date of Incident _____ Date Incident Reported _____

Time of Incident _____ Place of Exposure _____

Date Exposure Control Officer Notified _____ Exposure Control Officer (initials) _____

Description of incident (include # of hours worked at time of injury, route of exposure, equipment being used, work practices being followed, use of PPE, procedure being performed, protective device in place/activated, etc.).

Dates of employee's hepatitis B vaccination _____ 1st _____ 2nd _____ 3rd _____ none

Date of employee's most recent training regarding blood-borne pathogens and exposure control _____

Name/identifier of individual who is source of exposure _____

Source of Exposure Individual's consent for testing attached _____ yes _____ no (give reason) _____

Describe any first aid given: _____

Referral to Health Care Provider _____ Date _____

Signature of Employee _____ Date _____

Signature of Exposure Control Officer _____ Date _____

Signature of Building Administrator _____ Date _____

CONSENT FOR RELEASE OF MEDICAL INFORMATION

I hereby authorize any exchange of information to occur between my physician and/or hospital and the Exposure Control Officer listed below as it pertains to the exposure incident and myself.

School District Name _____

Exposure Control Officer _____

Address _____

Employee's Healthcare Provider

Name _____ Phone _____

Address _____

Employee Signature _____ Date _____

Employee name (please print) _____

Physician Signature _____ Date _____

Physician name (please print) _____

**CONSENT FOR BLOOD TESTING
SOURCE OF EXPOSURE**

I hereby consent to an exchange of information between the three agencies/individuals listed below and the exposed school employee. I understand that my child (or I) have been identified as the individual in an incident where an employee may have been exposed to blood or other potentially infectious material.

1. School district name and address _____

2. Exposed employee's health care provider:
Name _____ Phone _____
Address _____

3. Source of Exposure: Individual's Healthcare provider:
Name _____ Phone _____
Address _____

I am aware of the risks to the exposed employee, and have agreed to blood testing to be performed for:

_____ Hepatitis B _____ Hepatitis C _____ HIV

I have been informed that by consenting to this testing, the test results will only be released to the exposed employee's medical provider to determine implications for the employee.

Student name _____ Birthdate _____

Signature of Parent/Guardian _____

Name of Parent/Guardian (please print) _____ Date _____

**REFUSAL FOR BLOOD TESTING
SOURCE OF EXPOSURE**

School District Name _____

Address _____

Student Name _____

Parent(s)/Guardian(s) _____

Address _____

Date employee exposed _____ Date parent/student notified _____

Exposure control officer signature _____ Date _____



I have been informed by _____ Exposure Control Officer for the school district, that I/my child, have/has been identified as being the individual involved an incident in which an employee was exposed to blood or other potentially infectious material.

I am aware of the risks to the employee, and I decline blood testing to be performed for

_____ Hepatitis B

_____ Hepatitis C

_____ HIV

I have been informed that if I had consented to this testing, the results would only be released to the exposed employee's medical provider to determine the implications for the exposed employee.

(Printed name of parent/guardian)

(Signature) _____
(Date)

**HEALTHCARE PROFESSIONAL'S WRITTEN OPINION
FOR
POST-EXPOSURE EVALUATION AND FOLLOW-UP**

A. Hepatitis B Vaccination is indicated for this employee.	Yes	No
If yes, indicate if employee has previously received or is currently receiving vaccination series:	Yes	No
OR		
B. Date employee declined vaccination series: <i>(Please enter date declined)</i>	Date	
Employee has been told about any medical conditions resulting from exposure incident, which may require further evaluation or treatment.	Date	
Other relevant medical information is present: <i>(See employee health record)</i>	Yes	No
<p style="margin-left: 40px;">Employee Signature _____</p> <p style="margin-left: 40px;">Employee Name _____ <i>(Please Print)</i></p> <p style="margin-left: 40px;">Date _____</p>		
Physician Signature	Date	

EXPOSURE CONTROL PLAN INSERVICE
POST-TEST

Name _____ Identifier _____

Job Title _____ Date _____

1. Where is the Exposure Control Plan located in your building? _____
2. Name two of the most common blood-borne pathogens that you might be exposed to in your work setting. _____
3. Whom do you report to if you have an occupational exposure? _____
4. Who is responsible for furnishing the personal protective equipment (PPE) to prevent exposure to blood or other potentially infective material? _____
5. What do you do with clothing or other articles if contaminated with blood or other potentially infected materials? _____

Please circle the correct answer:

T for True

F for False

- | | | |
|---|---|---|
| 6. The Missouri/OSHA standard pertains to all employees who may come in contact with blood or other potentially infective materials through their work tasks. | T | F |
| 7. Universal Precautions means treating blood and other potentially infective materials of all adults/children as being infectious, and the use of personal protective equipment as indicated. | T | F |
| 8. Contaminated needles or sharps should not be recapped, bent, sheared, or purposely broken by hand in the classroom or any other school setting. | T | F |
| 9. An employee may choose when to wear PPE for his/her convenience. | T | F |
| 10. Hepatitis B vaccine is offered free of charge to employees and is recommended for all employees who may come in contact with blood or other potentially infected materials in the course of their work. | T | F |
| 11. Handwashing is not necessary after glove removal. | T | F |
| 12. All unprotected exposures to blood or other potentially infected materials should be reported immediately. | T | F |
| 13. You can eat, drink and apply cosmetics around contaminated work areas. | T | F |
| 14. Contaminated items and waste require the florescent orange label or must be in a red bag or red container for disposal. | T | F |
| 15. Employees may not request copies of the Exposure Control Plan, training records or health care provider opinion following an exposure. | T | F |

EXPOSURE CONTRAL PLAN INSERVICE
POST-TEST ANSWER KEY

1. (Answer will vary, depending on district location).
2. Two common pathogens would be HIV and hepatitis B.
3. (Answer will vary, depending on district assignment of Exposure Control Officer).
4. (Answer will vary, depending on district assignment of responsibility).
5. Place in specially marked bags or containers, clearly labeled as containing hazardous materials.
6. True
7. True
8. True
9. False
10. True
11. False
12. True
13. False
14. True
15. False

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

**DIVISION OF COMMUNITY AND PUBLIC HEALTH
Section for Healthy Families and Youth
Bureau of Genetics and Healthy Childhood**

**PO Box 570
Jefferson City, MO 65102-0570
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